

| | | |
|---|-----------|---|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Albany District Number First Named Inventor Jimmie L. Johnston COMPLETE & KNOWN Application Number Filing Date Art Unit Examiner Name |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing | OR | <input type="checkbox"/> Declaration Submitted after Initial Filing (exchange (37 CFR 1.161e) required) |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-LEVEL ACCOMMODATION UNIT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) (d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority | | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Not Claimed | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SP/02B attached hereto.

(Page 1 of 2)

The collection of information is required by 35 U.S.C. 119 and 37 CFR 1.56. The information is required to obtain or claim a benefit for the subject invention to be granted by the USPTO to process an application. Confidentiality is maintained by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 25 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will be no direct charge upon the inventor. Any questions re: the amount of time you require to complete this collection, or for gathering this information, may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, 1400 John Mason Avenue, VA 22013-1426 OR NOTED BY MAIL TO COMPLETION FORMS TO 1495 AD 001 55. SEND TO: C. mmissi, not for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-FIDO-5139 and select option 2.

DECLARATION — Utility or Design Patent Application

| | | | | | | | |
|--|--|-------------------|-----------------------------|---|--|------------------------------|--|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: <input style="width: 100px;" type="text"/> | | | | OR <input checked="" type="checkbox"/> | | Correspondence address below | |
| Name Jimmie L. Johnston | | | | | | | |
| Address 2078 Summerfield Drive | | | | | | | |
| City Castle Rock | | | | State Colorado | | ZIP 80104 | |
| Country USA | | | Telephone (303) 619-5046 | | | Fax | |
| <small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small> | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) Jimmie L. | | | | Family Name or Surname Johnston | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City Castle Rock | | State Colorado | | Country USA | | Citizenship US | |
| Mailing Address P.O. Box 365 | | | | | | | |
| City Castle Rock | | State Colorado | | ZIP 80104 | | Country USA | |
| NAME OF SECOND INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | |
| Mailing Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | | | |